

Rangatahi mā, Kia eke! - “Young generation – Rise Up”

KO TE KAINGA, KO TE WHĀNAU
TE PUTAKE. HE TAU-UTUUTU TE
HONONGA KO TE ŌHANGA O TE
MATAU A MAUI E PAKARI NEI.

EVERY HOUSEHOLD AND EVERY
WHĀNAU IS ACTIVELY ENGAGED IN,
CONTRIBUTING TO AND BENEFITING
FROM, A THRIVING HAWKE'S BAY
ECONOMY.

What is it?

If you've got a project which will benefit the community or environment, the Rangatahi mā, Kia eke! - “Young generation – Rise Up” could help with the costs of employing young people to work for you. Not only will this help meet your goals, you'll also be giving young people the chance to build their skills and work experience.

Rangatahi mā, Kia eke! - “Young generation – Rise Up” offers:

- A wage subsidy, equivalent to the minimum wage for 30 hours per week, paid for up to six months for each young person you employ who meets our criteria.
- The wages and HR requirements will be facilitated by the Hastings District Council.

We can work with you to find young people suitable for your project, but if you already have someone in mind please talk to us, as they may also meet our criteria.

The wage subsidy is available to employ young people who are 18 to 24 years old and receiving a Job Seeker Benefit, or some 16 to 17 year olds.

How to Apply

When you're ready to apply, we can help you to complete an application form to see if your project is suitable for Rangatahi mā, Kia eke! - “Young generation – Rise Up”. We can then develop an agreement with you to pay wage subsidies.

If there will be training costs for the young people as part of your project, we will help you to apply for these costs separately.

Before you Apply

Before you apply for Rangatahi mā, Kia eke! - “Young generation – Rise Up”, there are some important things you need to know:

- The project must be for a minimum of three months, but may be longer.
- A wage subsidy for a maximum of six months for each young person you employ.
- You can employ different young people at different times during the life of the project.
- You must employ each young person for at least 30 hours per week.
- Your organisation needs to be a registered community organisation. e.g. Charitable Trust or Incorporated Society

Organisation details

1. What is your organisation's name?
2. What sort of organisation are you? (e.g. a trust, incorporated society, etc)
3. Who is the best person from your organisation for us to talk to about this application?


First name(s)

Surname or family name

4. How can we contact them?

	Contact 1	Contact 2
Work Phone	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Project details

 You may wish to attach any supporting documents e.g. a strategy or project plan.

5. What is the name of your project?
6. What sort of work will your project be doing? (Please attach a job description)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

7. How will your project benefit the community or environment?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

8. How many people do you expect to employ on this Project?

9. What are your project start and finish dates?

Start date Finish date
Day Month Year Day Month Year

10. Will the young people be employed for at least 30 hours a week?

No Yes

11. Will any existing employees be disadvantaged if you employ people?

No Yes

12. Will there be any times where the project is closed for any period of time?

No Yes - Please talk to us about this.

13. What health and safety requirements will you need or have in place?

14. Will you require Drug Testing?

No Yes - Please talk to us about this.

Declaration

The information I have given in this application is true and complete.

Organisation Representative Name (print)

Organisation Representative's Signature

Day Month Year

OFFICE USE ONLY

Advisor's Recommendation

Approved

Declined

Comments

Advisor's name (print)

Advisor's signature

Date

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Day Month Year

Steering Group Decision

Approved

Declined

Comments

Work and Income Budget Manager's name (print)

Work and Income Budget Manager's signature

Date

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Day Month Year